1436297

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: A () 31,2009
Estimated average burden
hours per response.....16.00

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY								
Prefix	Serial							
DATE RECEIVED								
}	ľ							

ONITORIN ENVITED OF ERING EXEMI	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Fortress Mortgage Opportunities Onshore Fund Series 2 LP Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	
Type of Filing: New Filing Amendment	Mail Processing
A. BASIC IDENTIFICATION DATA	Section
	AUG U S ZUŅU
1. Enter the information requested about the issuer	Mari Q D regio
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	***
Fortress Mortgage Opportunities Onshore Fund Series 2 LP	Washington, bo
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
	212-798-6100
(if different from Executive Offices)	Telephone Number (Including Area Code)
PROCESSED	
Brief Description of Business	MINIMUM IIII III
AUG 1 2 2008	
Investment Fund	
Type of Business Organization corporation	lease specify
corporation limited partnership, already 454 Med limited partnership, to be formed	Mease specify 08057380
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 4 Q Actual Estim	nated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	DE
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supple not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for so ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shal
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unleasing of a federal notice.	

				A. BASIC IDI	ENTI	FICATION DATA				
2. Enter the inform	mation re	quested for the	followii	ng;						
Each pron	noter of t	he issuer, if the	issuer f	nas been organized w	ithin	the past five years;				
 Each bene 	ficial ow	ner having the p	wer to	vote or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
 Each exec 	utive off	icer and director	of corp	oorate issuers and of	corpo	rate general and man	aging	partners of	partne	ership issuers; and
• Each gene	eral and n	nanaging partne	of part	tnership issuers.						
Check Box(es) that	Apply:	✓ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last nam	ne first, i	f individual)								······································
Fortress Mortgag			ors LL	С						
Business or Residen					ode)					
1345 Avenue of th	ie Ameri	icas, 46th Floo	r, New	York, New York 1	0105					
Check Box(es) that	Apply:	Promoter		Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last nam	ne first, i	f individual)	•						·	
Fortress Mortgag	e Oppor	tunities GP Se	ries 2 l	LLC						
Business or Residen	ce Addre	ss (Number a	d Stree	t, City, State, Zip Co	ode)		-			 .
1345 Avenue of th	ie Amer	icas, 46th Floo	r, New	York, New York 1	0105					
Check Box(es) that	Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name) The Variable Ann		Ÿ	ompan	y						
Business or Residen	ce Addre	ss (Number at	d Stree	t, City, State, Zip Co	ode)					
1 SunAmerica Ce	nter, 381	th Floor, Los A	ngeles	, California 90067						
Check Box(es) that	Apply:	Promoter	Z	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last nam	ne first, i	f individual)								•
Missouri State En	nployees	Retirement S	ystem							
Business or Residen	ce Addre	ss (Number ar	id Stree	t, City, State, Zip Co	ode)		,		•	
907 Wildwood Dr	ive, Jeff	erson City, MC	6510	9						
Check Box(es) that	Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last nam	ne first, i	f individual)								
Business or Residen	ce Addre	ss (Number a	d Stree	t, City, State, Zip Co	ode)					
Check Box(es) that	Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last nam	ne first, i	f individual)								
Business or Residen	ce Addre	ss (Number ar	d Stree	t, City, State, Zip Co	ode)					
Check Box(es) that .	Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last nam	ne first, i	f individual)								
Business or Residen	ce Addre	ss (Number ar	d Stree	t, City, State, Zip Co	ode)					
		(Use b	lank sh	eet, or copy and use	additi	onal copies of this sl	neet, a	s necessary	·)	

					B. II	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Uar the	icenar col	d, or does th	he iccuer is	itend to se	11 to non-a	ccredited i	nvectore in	this offer	ina?		Yes	No ⊠
1.	rias tiic	155uc1 5010	i, or does n			Appendix						Ľ	<u>(A)</u>
2.	What is	the minim	um investn								144,444444	\$ <u>0.00</u>	*
	*subject	to the discr	etion of the C	General Par	tner.							Yes	No
3.			permit join									X	
4.	commis If a pers	sion or sim on to be lis s, list the na	tion request illar remune sted is an ass ame of the b , you may s	ration for s sociated pe roker or de	olicitation rson or age aler. If me	of purchase ent of a brok ore than five	ers in conno er or deale e (5) persoi	ection with r registered as to be list	sales of sec l with the S ed are asso	curities in t SEC and/or	he offering. with a state		
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	lumber and	l Street, C	ity, State, Z	Cip Code)						
Nar	me of As:	sociated B	roker or De	aler									
Sta	tes in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						············
	(Check	"All State:	s" or check	individual	States)				***************************************			☐ Al	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State, I	Zip Code)					 	
Nar	me of As:	sociated B	roker or De	aler	· ·				1				
Sta	tes in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers			±14-1 11			
	(Check	"All State:	s" or check	individual	States)		***************************************	****************	***************************************	*****		☐ Al	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Nar	me of As:	sociated B	roker or De	aler	***								
Sta	tes in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers	"	······································				
			s" or check						***************************************	***************		☐ Al	States
	IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pri		Amount Already Sold
	Debt	\$ 0.00		\$0.00
	Equity			\$0.00
	Common Preferred			
	Convertible Securities (including warrants)	\$ 0.00		\$0.00
	Partnership Interests		 39	\$27,523,841.39
	Other (Specify)			\$0.00
	Total		 39	\$27,523,841.39
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	11		\$ <u>27,523,841.30</u>
	Non-accredited Investors	0		\$0.00
	Total (for filings under Rule 504 only)			S
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	The set Official se	Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504		_	\$
	Total		_	2
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		Ø	\$ <u>0.00</u>
	Printing and Engraving Costs	.,		\$ <u>0.00</u>
	Legal Fees		\mathbb{Z}	\$ <u>0.00</u>
	Accounting Fees		Ø	\$ <u>0.00</u>
	Engineering Fees		\mathbf{Z}	\$ <u>0.00</u>
	Sales Commissions (specify finders' fees separately)		<u></u>	\$ <u>0.00</u>
			_	
	Other Expenses (identify)		\square	\$ <u>0.00</u>

•	MBER OF INVESTORS, EXPENSES AND I
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	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gro	oss	\$ <u>27,523,841.39</u>
5.	Indicate below the amount of the adjusted gross preeach of the purposes shown. If the amount for an check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Part	ly purpose is not known, furnish an estimate a fthe payments listed must equal the adjusted gro	nđ	
		estion 4.a. This difference is the "adjusted gross and to the issuer used or proposed to be used for surpose is not known, furnish an estimate and expayments listed must equal the adjusted gross—Question 4.b above. Payments to Officers, Directors, & Affiliates \$ 50.00 ery \$ 50.00 of securities involved in this or securities of another \$ \$0.00 \$	Payments to Others	
	Salaries and fees		🗸 \$ <u>0.00</u>	₹ \$ <u>0.00</u>
	Purchase of real estate		🗹 \$ <u>0.00</u>	₮ \$ <u>0.00</u>
	Purchase, rental or leasing and installation of mad and equipment	hinery	[7] \$0.00	[7] \$0.00
				[J] \$ <u>0.00</u>
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ets or securities of another	🜠 \$ <u>0,00</u>	₩ \$0.00
	Repayment of indebtedness		🔀 \$ <u>0,00</u>	✓ \$0.00
	Working capital		🗹 \$ <u>0.00</u>	2 \$0.00
	Other (specify): Capital for investment purposes		<u> </u>	\$27,523,841.39
			🗸 \$ <u>0.00</u>	№ \$0.00
	Column Totals		🗹 \$ <u>0.00</u>	\$27,523,841.39
	Total Payments Listed (column totals added)		\$ <u>27</u>	,523,841.39
		D. FEDERAL SIGNATURE		·
sign	nature constitutes an undertaking by the issuer to fur	nish to the U.S. Securities and Exchange Comn	nission, upon writte	
	uer (Print or Type)	Signature	Date 0/c/a	<u> </u>
	rtress Mortgage Opportunities Onshore Fund Series 2 LP	floy U. Deluch	8/5/0	0
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Ro	ry A. Babich			2 LLC, as General Partner o

- ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⋉
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Fortress Mortgage Opportunities Onshore Fund Series 2 LP	Jony U. Halich 815/08
Name (Print or Type)	Title (Print or Type)
Rory A. Babich	Authorized Signatory and Secretary, Fortress Mortgage Opportunities GP Series 2 LLC, as General Partner of Fortress Mortgage Opportunities Onshore Fund Series 2 LP

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and amount purchased in State to non-accredited explanation of investors in State offered in state waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Yes No Amount ALΑK AZAR Interests, \$5,014,236,30 CA 2 \$5,014,236.30 \$0.00 CO Interests, \$1,785,000.00 CT 2 0 \$0.00 \$1,785,000.00 DE DC FL GA HI ID IL IN lΑ KS KY LA ME MD MA ΜI MN MS

1		APPENDIX										
No	à	Intend to non-a	to sell ccredited s in State	Type of security and aggregate offering price offered in state		amount pu	investor and rchased in State		Disqualificat under State U (if yes, attac explanation waiver gran			
MT	State	Yes	No		Accredited	Amount	Non-Accredited	Amount	Yes	No		
NE	мо		_X_	Interests, \$14,239,605.09	1	\$14,239,605.09	0	\$0.00		IX_		
NY	МТ			1								
NH	NE											
NJ	NV											
NM	NH											
NY	NJ											
NC	NM											
ND	NY		X	Interests, \$5,640,00.00	4	\$5,640,000.00	0	\$0.00		X		
OH	NC									1		
OK	ND											
OR	ОН											
PA X Interests, \$275,000.00 1 \$275,000.00 0 \$0.00 1 X RI I	ок											
RI	OR											
SC	PA		<u>X</u>	Interests, \$275,000.00	1	\$275,000.00	0	\$0.00		IX		
SD	RI											
TN	sc											
TX	SD			<u> </u>								
UT	TN]									
VT Interests, \$570,000.00 1 \$570,000.00 0 \$0.00 X WA WV Interests, \$570,000.00 1 \$570,000.00 0 \$0.00 X	TX		1									
VA Interests, 5570,000.00 1 \$570,000.00 0 \$0.00 X WA WV Interests, 5570,000.00 Interests, 5570,000.00	UT											
WA WY	VT											
WV	VA		$\overline{\mathbb{X}}$	Interests, \$570,000.00	1	\$570,000,00	0	\$0.00		X		
	WA											
WI WI	wv											
	wı											

				APP	ENDIX		-			
1		2	3 Type of security		4					
	to non-a investor	to sell ccredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				(if yes, attach explanation of waiver grante (Part E-Item 1		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										

